



Commonwealth of Massachusetts
STATE ETHICS COMMISSION

One Ashburton Place - Room 619
Boston, Massachusetts 02108

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ETHICS COMMISSION
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STATEMENT OF FINANCIAL INTERESTS (SFI) CALENDAR YEAR 2018

Contact Information

Name: (First, Middle Initial, Last)

Charles D. Baker

Note: Primary residence address must be a physical address. A P.O. box will not be accepted. Primary residence is the place where you live more than 50% of the time.

Primary Residence Address: (Street, City, State, Zip Code)

[REDACTED]

Note: Contact mailing address must be a physical address. A P.O. box will not be accepted.

Contact Mailing Address: (Street, City, State, Zip Code)

☒ Same as Primary Residence Address

Note: You must provide a work phone number if you are currently serving in a position that requires you to file an SFI and that position has a work phone number. Otherwise, you must provide a personal phone number.

Work Phone Number:

617-725-4000

Personal Phone Number:

[REDACTED]

Note: Please provide your work email address if you are currently serving in a position that requires you to file an SFI and that position has an email address. Otherwise, please provide a personal email address if available.

Work Email Address:

Personal Email Address:

Did you have a spouse residing in your household at any time during 2018?

☒ Yes ☐ No

Did you have any dependent child(ren) residing in your household at any time during 2018?

☒ Yes ☐ No

Candidates and Public Service

1. Candidates

Are you filing ONLY because you are a candidate for public office? ☐ Yes ☒ No

Public office is a position for which one is nominated at a state primary or chosen at a state election, excluding the positions of Senator and Representative in the United States Congress and the office of regional school district school committee member elected district-wide.

If yes, please identify the office for which you are a candidate: _____

NOTE: If you are a candidate for public office AND you hold/held a public office that requires you to file an SFI, please complete BOTH Question 1 AND Question 2.

2. Your Public Position

Identify the position you now hold, or have held, which requires you to file a Statement of Financial Interests and provide the required information for that position. If you held more than one public position which requires you to file, identify each position.

☐ Not Applicable. I am filing a Statement of Financial Interests ONLY because I am a candidate for public office. → **SKIP TO QUESTION 3**

Agency Name: Governor's Office		
Agency Address: (Street, City, State, Zip Code) Governor's Office, State House Room 360 Boston, MA 02133		
Position: Governor of the Commonwealth of Massachusetts	Start Date in Position: January 8, 2015	End Date in Position: (if applicable)
Work Phone: 617-725-4000	Work Email Address:	
Alternate Phone: (required if you no longer hold that position)	Alternate Email Address: (if you no longer hold that position)	
Amount of income Earned in 2018:	<input type="checkbox"/> N/A <input type="checkbox"/> Less than \$1,001 <input type="checkbox"/> \$1,001 to 5,000 <input type="checkbox"/> \$ 5,001 to 10,000 <input type="checkbox"/> \$10,001 to 20,000 <input type="checkbox"/> \$20,001 to 40,000 <input type="checkbox"/> \$40,001 to 60,000 <input type="checkbox"/> \$60,001 to 100,000 <input checked="" type="checkbox"/> \$100,001 or more	

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

3. Your Other Public Positions and Services Provided By You to Public Agencies, if Any

Other than the position(s) identified in Question 2, identify every public position you held, and every public agency to which you provided services, at any time during 2018, whether compensated or not, and whether full- or part-time.

Public position includes federal, state, county, regional, and municipal positions.

Services provided include work done for any such entity as a consultant or independent contractor. These positions and/or services may have been paid or unpaid. If you have any questions about what you should include in your response, please contact the State Ethics Commission.

☒ **Not Applicable.** I did not hold a public position or provide services to any public agency at any time during 2018, OTHER than the position or services that require me to file a Statement of Financial Interests. → **SKIP TO QUESTION 4**

Public Agency: <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> Regional <input type="checkbox"/> State	Public Agency Name:
Position:	Agency Address: (Street, City, State, Zip Code)
Amount of Income earned in 2018: <input type="checkbox"/> N/A <input type="checkbox"/> Less than \$1,001 <input type="checkbox"/> \$1,001 to 5,000 <input type="checkbox"/> \$ 5,001 to 10,000 <input type="checkbox"/> \$10,001 to 20,000 <input type="checkbox"/> \$20,001 to 40,000 <input type="checkbox"/> \$40,001 to 60,000 <input type="checkbox"/> \$60,001 to 100,000 <input type="checkbox"/> \$100,001 or more	Were you a consultant/contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you were a consultant or contractor, describe the services provided:</i>

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

4. Public Positions of Your Spouse and/or any Dependent Child(ren) Residing in Your Household and Services Provided By Them to Any Public Agencies

Identify every public position your spouse and/or any dependent child(ren) residing in your household during 2018 held, and every public agency to which your spouse and/or any dependent child(ren) residing in your household provided services, at any time during 2018, whether compensated or not, and whether full- or part-time.

☐ Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2018. → SKIP TO QUESTION 5

☒ Not Applicable. My spouse and/or any dependent child(ren) residing in my household at any time during 2018, did not hold any public position(s) or provide services to any public agency, at any time during 2018, whether compensated or not, and whether full- or part-time. → SKIP TO QUESTION 5

Public Agency: <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Municipal <input type="checkbox"/> Regional <input type="checkbox"/> State	Public Agency Name:
Position: 	Agency Address: (Street, City, State, Zip Code)
<p>Was your spouse or dependent child a consultant/contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If your spouse or dependent child was a consultant or contractor, describe services provided:</i></p> 	

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

Private Employment and Leaves of Absence

NOTE: Questions 5-7 of this section require you, if applicable, to provide information about a Business, including its name and address. If the name of the Business includes a family member's name other than your own, or the address of the Business is the same address where you or any of your family members reside, it is **NOT** subject to confidentiality under the law. The name of any such Business and/or the address of any such Business will **NOT** be redacted by the State Ethics Commission and will be available for review by any person making a written request to inspect your SFI.

*Business includes all corporations (for profit and not-for-profit), partnerships, sole proprietorships, firms, franchises, associations, organizations, holding companies, joint stock companies, receiverships, business trusts, real estate trusts, and any other legal entities organized for profit or for charitable purposes. It does **NOT** include government agencies; real estate trusts formed **SOLELY** for the purpose of holding in a trust, residential property where the filer and/or one or more of the filer's family members, such as a parent, resides; and associations formed **SOLELY** for the purpose of holding residential condominium property where the filer and/or one or more of the filer's family members, such as a parent, resides.*

5. Your Private Employment

Identify every Business for which you worked as an employee, manager, consultant, or independent contractor at any time during 2018, whether compensated or not, and whether full- or part-time, and provide the required information for each.

☒ Not Applicable. I was not privately employed by a business or self-employed at any time during 2018. →
SKIP TO QUESTION 6

Name of Business:	Position held with Business: <input type="checkbox"/> Employee <input type="checkbox"/> Manager <input type="checkbox"/> Consultant <input type="checkbox"/> Independent Contractor	Self-employed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Address: (Street, City, State, Zip Code)		
Income in 2018, if in excess of \$1,000: Income includes any fee, salary, allowance, forgiveness, interest, dividend, royalty, rent, capital gain, and any other form of compensation, or any combination of the foregoing.	<input type="checkbox"/> N/A <input type="checkbox"/> \$1,001 to 5,000 <input type="checkbox"/> \$ 5,001 to 10,000 <input type="checkbox"/> \$10,001 to 20,000 <input type="checkbox"/> \$20,001 to 40,000 <input type="checkbox"/> \$40,001 to 60,000 <input type="checkbox"/> \$60,001 to 100,000 <input type="checkbox"/> \$100,001 or more	

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

6. Your Leaves of Absence

Were you on a leave of absence from any Business at any time during 2018? ☐ Yes ☒ No

If yes, Identify any Business from which you were on a leave of absence at any time during 2018, and provide its address.

Name of Business:	Business Address: (Street, City, State, Zip Code)

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

7. Private Employment of Your Spouse and/or any Dependent Child(ren) Residing in Your Household

Identify every Business for which your spouse and/or any dependent child(ren) residing in your household during 2018 worked as an employee, manager, consultant, or independent contractor at any time during 2018, whether compensated or not, and whether full- or part-time, and provide the required information for each.

- ☐ Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2018. → SKIP to QUESTION 8
- ☒ Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2018 did not work as an employee, manager, consultant, or independent contractor of any Business at any time during 2018, whether compensated or not, and whether full- or part-time. → SKIP to QUESTION 8

Name of Business:	Position held with Business: <input type="checkbox"/> Employee <input type="checkbox"/> Manager <input type="checkbox"/> Consultant <input type="checkbox"/> Independent Contractor	Self-employed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Address: (Street, City, State, Zip Code)		

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

Business Ownership and Transfers by You of Business Ownership

NOTE: Questions B-10 of this section require you, if applicable, to provide information about a Business, including its name and address. If the name of the Business includes a family member's name other than your own, or the address of the Business is the same address where you or any of your family members reside, it is **NOT** subject to confidentiality under the law. The name of any such Business and/or the address of any such Business will **NOT** be redacted by the State Ethics Commission and will be available for review by any person making a written request to inspect your SFI.

*Business includes all corporations (for profit and not-for-profit), partnerships, sole proprietorships, firms, franchises, associations, organizations, holding companies, joint stock companies, receiverships, business trusts, real estate trusts, and any other legal entities organized for profit or for charitable purposes. It does **NOT** include government agencies; real estate trusts formed **SOLELY** for the purpose of holding in a trust, residential property where the filer and/or one or more of the filer's family members, such as a parent, resides; and associations formed **SOLELY** for the purpose of holding residential condominium property where the filer and/or one or more of the filer's family members, such as a parent, resides.*

8. Businesses You Owned, in Whole or in Part

Identify each Business of which you were, in whole or in part, an owner, partner, or proprietor, or in which you owned more than 1% of any class of the outstanding stock or similar ownership interest, at any time during 2018, and provide the required information for each.

☐ Not Applicable. I was not the owner (in whole or in part), a partner, or a proprietor, and I did not own more than 1% of any class of the outstanding stock or similar ownership interest of a Business, at any time during 2018. → SKIP TO QUESTION 9

Name of Business: See Attachment A	Business Address: (Street, City, State, Zip Code)
Percentage of stock or other ownership interest: Percentage of stock should be more than 1% but less than or equal to 100%. _____ %	Income derived, if in excess of \$1000: <i>Income includes any fee, salary, allowance, forgiveness, interest, dividend, royalty, rent, capital gain, and any other form of compensation, or any combination of the foregoing.</i>

☐ N/A
☐ \$1,001 to 5,000
☐ \$ 5,001 to 10,000
☐ \$10,001 to 20,000
☐ \$20,001 to 40,000
☐ \$40,001 to 60,000
☐ \$60,001 to 100,000
☐ \$100,001 or more

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

9. Businesses Owned In Whole or In Part by Your Spouse and/or any Dependent Child(ren) Residing In Your Household

Identify each Business of which your spouse and/or any dependent child(ren) residing in your household during 2018 was, in whole or in part, an owner, partner or proprietor, or in which your spouse and/or any dependent child(ren) residing in your household owned more than 1% of any class of the outstanding stock or similar ownership interest, at any time during 2018, and provide the required information for each.

☐ Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2018. → SKIP TO QUESTION 10

☒ Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2018 was not an owner (in whole or in part), partner or proprietor, and did not own more than 1% of any class of the outstanding stock or similar ownership interest of a Business, at any time during 2018. → SKIP TO QUESTION 10

Name of Business:	Business Address: (Street, City, State, Zip Code)

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

10. Transfers of Business Ownership By You to Your Spouse and/or any Dependent Child(ren) Residing In Your Household

Identify any stock or similar ownership interest in a Business which you transferred to your spouse and/or any dependent child(ren) residing in your household during 2018, and provide the required information for each.

☐ Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2018. → SKIP TO QUESTION 11.

☒ Not Applicable. I did not transfer any stock or similar ownership interest in any Business to my spouse and/or any dependent child(ren) residing in my household during 2018. → SKIP TO QUESTION 11.

Name of Business:	Business Address: (Street, City, State, Zip Code)	Description of Stock or Other Ownership Interest Transferred	Percentage of Stock or Other Ownership Interest Transferred

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

Service as an Officer, Director, or Trustee of a Business

NOTE: Questions 11-12 of this section require you, if applicable, to provide information about a Business, including its name and address. If the name of the Business includes a family member's name other than your own, or the address of the Business is the same address where you or any of your family members reside, it is **NOT** subject to confidentiality under the law. The name of any such Business and/or the address of any such Business will **NOT** be redacted by the State Ethics Commission and will be available for review by any person making a written request to inspect your SFI.

*Business includes all corporations (for profit and not-for-profit), partnerships, sole proprietorships, firms, franchises, associations, organizations, holding companies, joint stock companies, receiverships, business trusts, real estate trusts, and any other legal entities organized for profit or for charitable purposes. It does **NOT** include government agencies; real estate trusts formed **SOLELY** for the purpose of holding in a trust, residential property where the filer and/or one or more of the filer's family members, such as a parent, resides; and associations formed **SOLELY** for the purpose of holding residential condominium property where the filer and/or one or more of the filer's family members, such as a parent, resides.*

11. Your Service as an Officer, Director, or Trustee of a Business

Identify any Business in which you served as an officer, director, or trustee, at any time during 2018, whether compensated or not, and whether full- or part-time, and provide the required information for each.

☒ Not Applicable. I did not serve as an officer, director, or trustee of a Business at any time during 2018 whether compensated or not, and whether full- or part-time. → SKIP TO QUESTION 12

Name of Business:		Business Address: (Street, City, State, Zip Code)
Position: <input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Trustee	Income derived, if in excess of \$1000: <i>Income includes any fee, salary, allowance, forgiveness, interest, dividend, royalty, rent, capital gain, and any other form of compensation, or any combination of the foregoing.</i>	<input type="checkbox"/> N/A <input type="checkbox"/> \$1,001 to 5,000 <input type="checkbox"/> \$ 5,001 to 10,000 <input type="checkbox"/> \$10,001 to 20,000 <input type="checkbox"/> \$20,001 to 40,000 <input type="checkbox"/> \$40,001 to 60,000 <input type="checkbox"/> \$60,001 to 100,000 <input type="checkbox"/> \$100,001 or more

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

12. Service by Your Spouse and/or any Dependent Child(ren) Residing in Your Household as an Officer, Director, or Trustee of a Business

Identify any Business in which your spouse and/or any dependent child(ren) residing in your household during 2018 served as an officer, director, or trustee, at any time during 2018, whether compensated or not, and whether full- or part-time, and provide the required information for each.

☐ Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2018. → SKIP TO QUESTION 13

☐ Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2018 did not serve as an officer, director, or trustee of a Business at any time during 2018 whether compensated or not, and whether full- or part-time. → SKIP TO QUESTION 13

	Name of Business:	Position:	Business Address: (Street, City, State, Zip Code)
1.	American Red Cross of Massachusetts (Board Member)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input checked="" type="checkbox"/> Trustee	139 Main Street Cambridge, MA 02142
2.	Phoenix Charter Academy Foundation Board	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Trustee	60 Canal Street, 4th Floor Boston, MA 02114
3.	Massachusetts Wanderfund Inc. (Vice Chair)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Trustee	600 Washington Street Boston, MA 02110
4.	The Care Institute, Inc.	<input type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Trustee	77 Fourth Avenue, 5th Floor Waltham, MA 02451
5.	Baker-Polito 2019 Inaugural Committee, Inc.	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Trustee	138 Conant Street Beverly, MA 01915

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

Real Estate

Business includes all corporations (for profit and not for profit), partnerships, sole proprietorships, firms, franchises, associations, organizations, holding companies, joint stock companies, receiverships, business trusts, real estate trusts, and any other legal entities organized for profit or for charitable purposes. It does NOT include government agencies; real estate trusts formed SOLELY for the purpose of holding in a trust, residential property where the filer and/or one or more of the filer's family members, such as a parent, resides; and associations formed SOLELY for the purpose of holding residential condominium property where the filer and/or one or more of the filer's family members, such as a parent, resides.

Real Estate means all interests in real property, including, but not limited to, developed or undeveloped land, buildings and structures of any kind, condominiums, cooperative apartments, time shares and other fractional ownership interests in land or buildings, and rights in land, including easements, oil rights, mineral rights, and the like, excluding any Real Estate that you held as a trustee, nominee, or agent for another person, unless you held such Real Estate for yourself, or for your spouse and/or any dependent child(ren) residing in your household.

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

13. Real Estate in Massachusetts That You Own

Identify all Real Estate in Massachusetts which you owned directly or through a Business as of December 31, 2018, and which had an assessed value greater than \$1,000, and provide the required information for each Real Estate holding.

DO NOT LIST ANY REAL ESTATE THAT YOU HELD AS A TRUSTEE, NOMINEE, OR AGENT FOR ANOTHER PERSON, UNLESS YOU HELD SUCH REAL ESTATE FOR YOURSELF, OR FOR YOUR SPOUSE AND/OR ANY DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD.

☐ Not Applicable. I did not own directly or through a Business, any Real Estate in Massachusetts at any time during 2018. → SKIP TO QUESTION 14

Address: (Street, City, State, Zip Code) Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.

Residence

Assessed value of Real Estate:	<input type="checkbox"/> N/A	<input type="checkbox"/> \$20,001 to 40,000	Do you own this real estate with your spouse and/or any dependent child(ren) residing in your household during 2018? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> \$1,001 to 5,000	<input type="checkbox"/> \$40,001 to 60,000	
	<input type="checkbox"/> \$ 5,001 to 10,000	<input type="checkbox"/> \$60,001 to 100,000	
	<input type="checkbox"/> \$10,001 to 20,000	<input checked="" type="checkbox"/> \$100,001 or more	

Was this Real Estate transferred to you or your Business during 2018? ☐ Yes ☒ No

If yes, identify the person who transferred it to you and that person's address.

Name: (First, Middle Initial, Last) Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.

Address: (Street, City, State, Zip Code) Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REOACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

14. Real Estate in Massachusetts Owned by Your Spouse and/or any Dependent Child(ren) Residing in Your Household

Other than the Real Estate Identified In Question 13, Identify all Real Estate in Massachusetts which your spouse and/or any dependent child(ren) residing in your household during 2018 owned directly or through a Business as of December 31, 2018, and which had an assessed value greater than \$1,000.

DO **NOT** LIST ANY REAL ESTATE THAT YOUR SPOUSE AND/OR DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD HELD AS A TRUSTEE, NOMINEE, OR AGENT FOR ANOTHER PERSON, UNLESS YOUR SPOUSE AND/OR DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD HELD SUCH REAL ESTATE FOR YOU, HIMSELF OR HERSELF, OR FOR THE DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD.

☐ Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2018. → SKIP TO QUESTION 15

☒ Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2018 did not own directly or through a Business any Real Estate in Massachusetts as of December 31, 2018, with an assessed value greater than \$1,000. → SKIP TO QUESTION 15

Address: (Street, City, State, Zip Code) Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.

Was this Real Estate transferred to your spouse and/or any dependent child(ren) residing in your household during 2018 or to a Business owned by your spouse and/or any dependent child(ren) residing in your household during 2018? ☐ Yes ☐ No

If yes, identify the person who transferred it to your spouse and/or any dependent child(ren) and that person's address.

Name: (First, Middle Initial, Last) Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.

Address: (Street, City, State, Zip Code) Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

NOTE: Questions 15-20 seek information about business, charitable, and realty Trusts. These questions also seek information about family Trusts, but only if you had a right to the Trust's assets as of December 31, 2018. Do **NOT** report information regarding any family Trust if your right to Trust assets depends on the occurrence of a future event that had not occurred as of December 31, 2018. For example, If your parents created a family Trust that owns their vacation home on Cape Cod for the benefit of their children and grandchildren after their deaths, and both your parents are deceased on December 31, 2018, you would report this Trust; but if your parents created such a Trust and were still living as of December 31, 2018, you would **NOT** report this Trust.

15. Your Interests in Trusts that Own Real Estate in Massachusetts

Identify any Trust of which you were a beneficiary, and which owned Real Estate in Massachusetts as of December 31, 2018, with an assessed value greater than \$1,000, and provide the required information for each such Trust and Real Estate holding.

A Trust is a legal entity in which a trustee holds legal ownership of property for the benefit of other persons, referred to as the beneficiaries.

Real Estate means all interests in real property, including but not limited to, developed and undeveloped land, buildings and structures of any kind, condominiums, cooperative apartments, time shares and other fractional ownership interests in land or buildings, and rights in land, including easements, air rights, mineral rights, and the like.

☒ **Not Applicable.** I was not a beneficiary of any Trust which owned Real Estate in Massachusetts as of December 31, 2018, with an assessed value greater than \$1,000. → SKIP TO QUESTION 16

Name of Trust: Do not disclose the name of a Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" instead of the name.

Address: (Street, City, State, Zip Code) Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.

Assessed value of Real Estate:

☐ N/A

☐ \$1,001 to 5,000

☐ \$ 5,001 to 10,000

☐ \$10,001 to 20,000

☐ \$20,001 to 40,000

☐ \$40,001 to 60,000

☐ \$60,001 to 100,000

☐ \$100,001 or more

Was your spouse and/or any dependent child(ren) residing in your household also a beneficiary of the same Trust?

☐ Yes ☐ No

Was this Real Estate transferred to the Trust during 2018?

☐ Yes ☐ No

If yes, identify the person who transferred it to the Trust and that person's address.

Name: Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.

Address: (Street, City, State, Zip Code) Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

16. Interests of Your Spouse and/or any Dependent Child(ren) Residing in Your Household in Trusts that Own Real Estate in Massachusetts

Other than the Real Estate Identified in Question 15, identify any Trust of which your spouse and/or any dependent child(ren) residing in your household during 2018 was a beneficiary and which owned Real Estate in Massachusetts as of December 31, 2018, with an assessed value greater than \$1,000, and provide the required information for each such Trust and Real Estate holding.

☐ Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2018. → SKIP TO QUESTION 17

☒ Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2018 was not a beneficiary of any Trust that owned Real Estate in Massachusetts as of December 31, 2018, with an assessed value greater than \$1,000. → SKIP TO QUESTION 17

Name of Trust: Do not disclose the name of a Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" instead of the name.

Address of Real Estate owned by Trust: (Street, City, State, Zip Code) Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the name.

Was this Real Estate transferred to the Trust during 2018? ☐ Yes ☐ No

If yes, identify the person who transferred it to the Trust and that person's address.

Name: Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.

Address: (Street, City, State, Zip Code) Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REOACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

17. Transfers of Real Estate In Massachusetts to Another Person or Entity by You, or by a Trust of Which You Were a Beneficiary

Identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, that was transferred to another person or entity by you, or by a Trust of which you were a beneficiary, at any time during 2018, and provide the required information for each Real Estate holding.

☒ Not Applicable. I, or a Trust of which I was a beneficiary, did not transfer any Real Estate in Massachusetts with an assessed value greater than \$1,000, to another person or entity at any time during 2018. → SKIP TO QUESTION 18

Address of Real Estate: (Street, City, State, Zip Code) Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.

Assessed value of Real Estate:	<input type="checkbox"/> N/A	<input type="checkbox"/> \$20,001 to 40,000
	<input type="checkbox"/> \$1,001 to 5,000	<input type="checkbox"/> \$40,001 to 60,000
	<input type="checkbox"/> \$ 5,001 to 10,000	<input type="checkbox"/> \$60,001 to 100,000
	<input type="checkbox"/> \$10,001 to 20,000	<input type="checkbox"/> \$100,001 or more

If you owned this Real Estate, did you own it with your spouse and/or any dependent child(ren) residing in your household during 2018?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Not Applicable

If this Real Estate was owned by a Trust of which you are a beneficiary, was your spouse and/or any dependent child(ren) residing in your household during 2018 also a beneficiary of the same Trust?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Not Applicable

Name of Trust: Do not disclose the name of a Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" instead of the name.

To whom was the Real Estate transferred?

Name: Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.

Address: Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REJECTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

18. Transfers of Real Estate in Massachusetts to Another Person or Entity by Your Spouse and/or any Dependent Child(ren) Residing in Your Household, or a by a Trust of Which Your Spouse and/or any Dependent Child(ren) Residing in Your Household Was a Beneficiary

Other than the Real Estate identified in Question 17, identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, that was transferred to another person or entity by your spouse and/or any dependent child(ren) residing in your household during 2018, or by a Trust of which your spouse and/or any dependent child(ren) residing in your household during 2018 was a beneficiary, at any time during 2018, and provide the required information for each piece of Real Estate transferred.

☐ Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2018. → SKIP TO QUESTION 19

☒ Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2018, or a Trust of which my spouse and/or any dependent child(ren) residing in my household during 2018 was a beneficiary, did not transfer any Real Estate in Massachusetts with an assessed value greater than \$1,000, to another person or entity at any time during 2018. → SKIP TO QUESTION 19

Address of Real Estate: (Street, City, State, Zip Code) Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.

Did your spouse and/or any dependent child(ren) residing in your household own this Real Estate? ☐ Yes ☐ No

Was this Real Estate owned by a Trust of which your spouse and/or any dependent child(ren) residing in your household was a beneficiary? ☐ Yes ☐ No

Name of Trust: Do not disclose the name of a Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" instead of the name.

To whom was the Real Estate transferred?

Name: Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.

Address: Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.

(If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.)

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

19. Other Real Estate Interests or Investments In Massachusetts

Identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, on which, as of December 31, 2018, you, or a Trust of which you were a beneficiary, had a lien, attachment, or mortgage receivable, and provide the required information for each.

A lien is a legal claim that you have on the property of another person until that person has repaid a debt to you.

An attachment means a legal process by which a court, at the request of a creditor, designates that certain property owned by another person, known as the debtor, be held, transferred, or sold for the benefit of the creditor.

You have a mortgage receivable if you loaned a person or entity the money to purchase the property, and in return, received an interest in the property to secure the loan.

☒ Not Applicable. As of December, 31 2018, I, or a Trust of which I was a beneficiary, did not have a lien, attachment, or mortgage receivable on any Real Estate in Massachusetts with an assessed value greater than \$1,000. → SKIP TO QUESTION 20

Address of Real Estate: (Street, City, State, Zip Code) Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.

Assessed value of Real Estate:	<input type="checkbox"/> N/A	<input type="checkbox"/> \$20,001 to 40,000	Nature of Interest:	<input type="checkbox"/> Lien
	<input type="checkbox"/> \$1,001 to 5,000	<input type="checkbox"/> \$40,001 to 60,000		<input type="checkbox"/> Attachment
	<input type="checkbox"/> \$ 5,001 to 10,000	<input type="checkbox"/> \$60,001 to 100,000		<input type="checkbox"/> Mortgage Receivable
	<input type="checkbox"/> \$10,001 to 20,000	<input type="checkbox"/> \$100,001 or more		

If you hold the interest in the Real Estate, did you hold this interest in the Real Estate with your spouse and/or any dependent child(ren) residing in your household?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Not Applicable. I did not hold this interest in this real estate.

Was this interest in the Real Estate held by a Trust of which you were a beneficiary? ☐ Yes ☐ No

If yes, provide the name of the Trust.

Name of Trust: Do not disclose the name of a Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" instead of the name.

Was your spouse and/or any dependent child(ren) residing in your household also a beneficiary of the same Trust? ☐ Yes ☐ No

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

20. Other Real Estate Interests in Massachusetts of Your Spouse and/or Depend(ent) Child(ren) Residing in Your Household

Other than the Real Estate Identified in Question 19, identify any Real Estate in Massachusetts with an assessed value greater than \$1,000, on which, as of December 31, 2018, your spouse and/or any dependent child(ren) residing in your household, or a Trust of which your spouse and/or dependent child(ren) residing in your household during 2018 was a beneficiary, had a lien, attachment, or mortgage receivable, and provide the required information for each.

☐ Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2018. → SKIP TO QUESTION 21

☒ Not Applicable. As of December, 31 2018, my spouse and/or any dependent child(ren) residing in my household during 2018, or a Trust of which my spouse and/or any dependent child(ren) residing in my household during 2018 was a beneficiary, did not have a lien, attachment, or mortgage receivable on any Real Estate in Massachusetts with an assessed value greater than \$1,000. → SKIP TO QUESTION 21

Address of Real Estate: (Street, City, State, Zip Code) Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the name.

Nature of Interest: ☐ Lien
☐ Attachment
☐ Mortgage Receivable

Did your spouse and/or any dependent child(ren) residing in your household during 2018 hold the interest in the Real Estate? ☐ Yes ☐ No

Was this interest in the Real Estate held by a Trust of which your spouse and/or any dependent child(ren) residing in your household during 2018 was a beneficiary? ☐ Yes ☐ No

If yes, provide the name of the Trust.

Name of Trust: Do not disclose the name of a Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" instead of the name.

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

Financial Investments

Bond or other security issued by the Commonwealth and its political subdivisions, agencies, and authorities includes bonds, notes, certificates of participation and any other interest or instrument commonly known as a security, or defined as a security by federal law, 15 U.S.C. § 77(o)(1), which is issued by the Commonwealth, or a political subdivision of the Commonwealth, including its agencies, authorities, cities, towns, and other municipalities, unless explicitly excluded.

*Business includes all corporations (for profit and not-for-profit), partnerships, sole proprietorships, firms, franchises, associations, organizations, holding companies, joint stock companies, receiverships, business trusts, real estate trusts, and any other legal entities organized for profit or for charitable purposes. It does **NOT** include government agencies; real estate trusts formed **SOLELY** for the purpose of holding in a trust, residential property where the filer and/or one or more of the filer's family members, such as a parent, resides; and associations formed **SOLELY** for the purpose of holding residential condominium property where the filer and/or one or more of the filer's family members, such as a parent, resides.*

21. Your Investments in Governmental Bonds

Identify every bond or other security issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, which you owned, directly or through a Business, as of December 31, 2018, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each such investment.

☒ Not Applicable. I did not own any bonds or other securities issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, as of December 31, 2018, whether directly or through a Business, and which had a fair market value as of that date greater than \$1,000. → SKIP TO QUESTION 22

NOTE: STATE EMPLOYEES WHO OWN STATE BONDS, AND COUNTY EMPLOYEES WHO OWN COUNTY BONDS, MAY NEED TO FILE A DISCLOSURE OF SUCH OWNERSHIP WITH THE STATE ETHICS COMMISSION, IN ADDITION TO DISCLOSURE OF SUCH OWNERSHIP HERE. PLEASE CONTACT THE COMMISSION'S LEGAL DIVISION FOR MORE INFORMATION.

Name of Bond/Other Security:			
Description of Investment:	<input type="checkbox"/> Bond	Income from Investment:	<input type="checkbox"/> \$ 5,001 to 10,000
	<input type="checkbox"/> Certificate of Participation		<input type="checkbox"/> \$10,001 to 20,000
	<input type="checkbox"/> Notes		<input type="checkbox"/> \$20,001 to 40,000
	<input type="checkbox"/> Other	<input type="checkbox"/> N/A	<input type="checkbox"/> \$40,001 to 60,000
		<input type="checkbox"/> Less than \$1,001	<input type="checkbox"/> \$60,001 to 100,000
		<input type="checkbox"/> \$1,001 to 5,000	<input type="checkbox"/> \$100,001 or more
Did you own this investment with your spouse and/or any dependent child(ren) residing in your household during 2018?			<input type="checkbox"/> Yes <input type="checkbox"/> No

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

22. Investments in Governmental Bonds Owned by Your Spouse and/or any Dependent Child(ren) Residing in Your Household

Other than the bonds or other securities identified in Question 21, identify every bond or other security issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, which your spouse and/or any dependent child(ren) residing in your household during 2018 owned, directly or through a Business, as of December 31, 2018, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each such investment.

☐ Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2018. → SKIP TO QUESTION 23

☒ Not Applicable. Other than the bonds or other securities identified in Question 21, my spouse and/or any dependent child(ren) residing in my household during 2018 did not own any bonds or other securities issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, as of December 31, 2018, whether directly or through a Business, which had a fair market value as of that date greater than \$1,000. → SKIP TO QUESTION 23

Name of Bond/Other Security:	Description of Investment: select one.
	<input type="checkbox"/> Bond <input type="checkbox"/> Certificate of Participation <input type="checkbox"/> Notes <input type="checkbox"/> Other _____
	<input type="checkbox"/> Bond <input type="checkbox"/> Certificate of Participation <input type="checkbox"/> Notes <input type="checkbox"/> Other _____
	<input type="checkbox"/> Bond <input type="checkbox"/> Certificate of Participation <input type="checkbox"/> Notes <input type="checkbox"/> Other _____
	<input type="checkbox"/> Bond <input type="checkbox"/> Certificate of Participation <input type="checkbox"/> Notes <input type="checkbox"/> Other _____

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

NOTE: Questions 23-24 and 27-28 seek information about business, charitable, and realty Trusts. These questions also seek information about family Trusts, but only if you had a right to the Trust's assets as of December 31, 2018. Do NOT report information regarding any family Trust if your right to Trust assets depends on the occurrence of a future event that had not occurred as of December 31, 2018. For example, if your parents created a family Trust that owns their vacation home on Cape Cod for the benefit of their children and grandchildren after their deaths, and both your parents are deceased on December 31, 2018, you would report this Trust; but if your parents created such a Trust and were still living as of December 31, 2018, you would NOT report this Trust.

23. Your Interests in Trusts that Own Massachusetts Bonds

Identify every bond or other security issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, which was owned as of December 31, 2018, by a Trust of which you were a beneficiary, whether directly or through a Business, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each such investment.

A Trust is a legal entity in which a trustee holds legal ownership of property for the benefit of other persons, referred to as the beneficiaries.

☒ Not Applicable. A Trust of which I was a beneficiary did not own any bonds or other securities issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, as of December 31, 2018, whether directly or through a Business, which had a fair market value as of that date greater than \$1,000. → SKIP TO QUESTION 24

Name of Bond/Other Security:		
Description of Investment: <input type="checkbox"/> Bond <input type="checkbox"/> Certificate of Participation <input type="checkbox"/> Notes <input type="checkbox"/> Other _____	Income from Investment: <input type="checkbox"/> N/A <input type="checkbox"/> \$1,001 to 5,000 <input type="checkbox"/> \$ 5,001 to 10,000 <input type="checkbox"/> \$10,001 to 20,000 <input type="checkbox"/> \$20,001 to 40,000 <input type="checkbox"/> \$40,001 to 60,000 <input type="checkbox"/> \$60,001 to 100,000 <input type="checkbox"/> \$100,001 or more	
Name of Trust: <i>Do <u>not</u> disclose the name of a Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" instead of the name.</i>		
Was your spouse and/or any dependent child(ren) residing in your household during 2018 also a beneficiary of the same Trust?		<input type="checkbox"/> Yes <input type="checkbox"/> No

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

24. Interests of Your Spouse and/or Dependent Child(ren) Residing in Your Household in Trusts that Own Massachusetts Bonds

Identify every bond or other security issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, which was owned as of December 31, 2018, by a Trust of which your spouse and/or any dependent child(ren) residing in your household during 2018 was a beneficiary, whether directly or through a Business, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each such investment.

☐ Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2018. → SKIP TO QUESTION 25

☒ Not Applicable. Other than any bonds or securities identified in Question 23, a Trust of which my spouse and/or any dependent child(ren) residing in my household during 2018 was a beneficiary did not own any bonds or other securities issued by the Commonwealth of Massachusetts or its political subdivisions, agencies, and authorities, as of December 31, 2018, whether directly or through a Business, and which had a fair market value as of that date greater than \$1,000. → SKIP TO QUESTION 25

Name of Bond/Other Security:

Description of
Investment:

- ☐ Bond
☐ Certificate of Participation
☐ Notes
☐ Other _____

Name of Trust: Do not disclose the name of a Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" instead of the name.

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

25. Your Financial Investments

Identify every Financial Investment that you owned directly or through a Business as of December 31, 2018, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each.

Financial Investment includes stocks, bonds, shares in mutual funds, notes, debentures, other evidences of indebtedness, futures, certificates of interest or participation, investment contracts, puts, calls, straddles, options in a security or relating to currency, or in general, any interest or instrument commonly known as a security, including without limitation all other securities defined by federal securities law, 15 U.S.C. § 77b(o)(1), unless explicitly excluded.

NOTE: DO NOT INCLUDE ANY OF THE FOLLOWING: MASSACHUSETTS STATE, COUNTY, OR MUNICIPAL BONDS; CASH; BANK ACCOUNTS; MONEY MARKET FUNDS; CERTIFICATES OF DEPOSIT; RETIREMENT PLANS; PROFIT-SHARING PLANS; 401(K), 457(B), OR OTHER DEFERRED COMPENSATION PLANS; KEOGH PLANS; 529 COLLEGE SAVINGS PLANS, INCLUDING THE MASSACHUSETTS U PLAN; INSURANCE POLICIES; AND FINANCIAL INVESTMENTS THAT YOU HELD AS A TRUSTEE, NOMINEE, OR AGENT FOR ANOTHER PERSON UNLESS YOU HELD THAT FINANCIAL INVESTMENT FOR YOURSELF, YOUR SPOUSE AND/OR DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD. NOTE: ATTACHMENT OF AN ACCOUNT OR BROKERAGE STATEMENT IS NOT PERMITTED AND WILL NOT BE ACCEPTED FOR FILING.

☐ Not Applicable. I did not own any Financial Investment directly or through a Business as of December 31, 2018, which had a fair market value greater than \$1,000. → SKIP TO QUESTION 26

Name of Issuer: See Attachment B	
Description of Investment:	<div><input type="checkbox"/> ADR (American Depositary Receipt) <input type="checkbox"/> Annuity <input type="checkbox"/> Bond <input type="checkbox"/> Common Stock <input type="checkbox"/> Debenture <input type="checkbox"/> Limited Partnership Interest <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Option Contract</div> <div><input type="checkbox"/> Preferred Stock <input type="checkbox"/> Real Estate <input type="checkbox"/> U-Fund <input type="checkbox"/> U-Plan <input type="checkbox"/> Warrant <input type="checkbox"/> Other _____</div>
Principal Place of Business or State of Incorporation: Do not report the principal place of business or state of incorporation for a publicly traded stock. If publicly traded, enter "Not Applicable" instead of the principal place of business or state of incorporation.	
Issuer Address: (Street, City, State, Zip Code) Do not report the issuer's address for a publicly traded stock. If publicly traded, enter "Not Applicable" instead of the address.	
Do you own this Financial Investment with your spouse and/or any dependent child(ren) residing in your household during 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No	

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

26. Financial Investments Owned by Your Spouse and/or any Dependent Child(ren) Residing in Your Household

Other than the Financial Investments identified in Question 25, identify every Financial Investment that your spouse and/or any dependent child(ren) residing in your household during 2018 owned directly or through a Business as of December 31, 2018, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each.

NOTE: DO NOT INCLUDE ANY OF THE FOLLOWING: MASSACHUSETTS STATE, COUNTY, OR MUNICIPAL BONDS; CASH; BANK ACCOUNTS; MONEY MARKET FUNDS; CERTIFICATES OF DEPOSIT; RETIREMENT PLANS; PROFIT-SHARING PLANS; 401(K), 457(B), OR OTHER DEFERRED COMPENSATION PLANS; KEOGH PLANS; 529 COLLEGE SAVINGS PLANS, INCLUDING THE MASSACHUSETTS U PLAN; INSURANCE POLICIES; AND FINANCIAL INVESTMENTS THAT YOUR SPOUSE AND/OR DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD DURING 2018 HELD AS A TRUSTEE, NOMINEE, OR AGENT FOR ANOTHER PERSON UNLESS YOUR SPOUSE AND/OR DEPENDENT CHILD(REN) HELD THAT FINANCIAL INVESTMENT FOR YOU, HIMSELF OR HERSELF, OR FOR YOUR DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD. NOTE: ATTACHMENT OF AN ACCOUNT OR BROKERAGE STATEMENT IS NOT PERMITTED AND WILL NOT BE ACCEPTED FOR FILING.

☐ Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2018. → SKIP TO QUESTION 27

☒ Not Applicable. Other than the Financial Investments identified in Question 25, my spouse and/or any dependent child(ren) residing in my household during 2018 did not own any Financial Investment directly or through a Business as of December 31, 2018, which had a fair market value greater than \$1,000. → SKIP TO QUESTION 27

Name of Issuer:		
Description of Investment:	<input type="checkbox"/> AOR (American Depositary Receipt) <input type="checkbox"/> Annuity <input type="checkbox"/> Bond <input type="checkbox"/> Common Stock <input type="checkbox"/> Debenture <input type="checkbox"/> Limited Partnership Interest <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Option Contract <input type="checkbox"/> Preferred Stock	<input type="checkbox"/> Real Estate <input type="checkbox"/> U-Fund <input type="checkbox"/> U-Plan <input type="checkbox"/> Warrant <input type="checkbox"/> Other _____
Principal Place of Business or State of Incorporation: Do <u>not</u> report the principal place of business or state of incorporation for a publicly traded stock. If publicly traded, enter "Not Applicable" instead of the principal place of business or state of incorporation.		
Issuer Address: (Street, City, State, Zip Code) Do <u>not</u> report the issuer's address for a publicly traded stock. If publicly traded, enter "Not Applicable" instead of the address.		

(If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.)

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REOACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

27. Your Interests in Trusts that Own Financial Investments

Identify every Financial Investment that was owned as of December 31, 2018, by a Trust of which you were a beneficiary, which had a fair market value as of that date greater than \$1,000, and provide the required information for each.

NOTE: DO NOT INCLUDE ANY OF THE FOLLOWING: MASSACHUSETTS STATE, COUNTY, OR MUNICIPAL BONDS; CASH; BANK ACCOUNTS; MONEY MARKET FUNDS; CERTIFICATES OF DEPOSIT; RETIREMENT PLANS; PROFIT-SHARING PLANS; 401(K), 457(B), OR OTHER DEFERRED COMPENSATION PLANS; KEOGH PLANS; 529 COLLEGE SAVINGS PLANS, INCLUDING THE MASSACHUSETTS U PLAN; INSURANCE POLICIES; AND FINANCIAL INVESTMENTS THAT YOU HELD AS A TRUSTEE, NOMINEE, OR AGENT FOR ANOTHER PERSON UNLESS YOU HELD THAT FINANCIAL INVESTMENT FOR YOURSELF, YOUR SPOUSE AND/OR DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD. NOTE: ATTACHMENT OF AN ACCOUNT OR BROKERAGE STATEMENT IS NOT PERMITTED AND WILL NOT BE ACCEPTED FOR FILING.

☒ Not Applicable. A Trust of which I was a beneficiary did not own any Financial Investment as of December 31, 2018, which had a fair market value as of that date greater than \$1,000. → SKIP TO QUESTION 28

Name of Issuer:	
Description of Investment:	<input type="checkbox"/> ADR (American Depositary Receipt) <input type="checkbox"/> Annuity <input type="checkbox"/> Bond <input type="checkbox"/> Common Stock <input type="checkbox"/> Debenture <input type="checkbox"/> Limited Partnership Interest <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Option Contract <input type="checkbox"/> Preferred Stock <input type="checkbox"/> Real Estate <input type="checkbox"/> U-Fund <input type="checkbox"/> U-Plan <input type="checkbox"/> Warrant <input type="checkbox"/> Other _____
Principal Place of Business or State of Incorporation: Do <u>not</u> report the principal place of business or state of incorporation for a publicly traded stock. If publicly traded, enter "Not Applicable" instead of the principal place of business or state of incorporation.	
Issuer Address: (Street, City, State, Zip Code) Do <u>not</u> report the issuer's address for a publicly traded stock. If publicly traded, enter "Not Applicable" instead of the address.	
Name of Trust: Do <u>not</u> disclose the name of a Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" instead of the name.	
Was your spouse and/or any dependent child(ren) residing in your household during 2018 also a beneficiary of the same Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

28. Interests of Your Spouse and/or any Dependent Child(ren) Residing in Your Household in Trusts that Own Financial Investments

Other than the Financial Investments Identified in Question 27, Identify every Financial investment that was owned as of December 31, 2018, by a Trust of which your spouse and/or any dependent child(ren) residing in your household during 2018 was a beneficiary, which had a fair market value as of that date greater than \$1,000, and provide the required information for each.

NOTE: DO NOT INCLUDE ANY OF THE FOLLOWING: MASSACHUSETTS STATE, COUNTY, OR MUNICIPAL BONDS; CASH; BANK ACCOUNTS; MONEY MARKET FUNDS; CERTIFICATES OF DEPOSIT; RETIREMENT PLANS; PROFIT-SHARING PLANS; 401(K), 457(B), OR OTHER DEFERRED COMPENSATION PLANS; KEOGH PLANS; 529 COLLEGE SAVINGS PLANS, INCLUDING THE MASSACHUSETTS U PLAN; INSURANCE POLICIES; AND FINANCIAL INVESTMENTS THAT YOUR SPOUSE AND/OR DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD DURING 2018 HELD AS A TRUSTEE, NOMINEE, OR AGENT FOR ANOTHER PERSON UNLESS YOUR SPOUSE AND/OR DEPENDENT CHILD(REN) HELD THAT FINANCIAL INVESTMENT FOR YOU, HIMSELF OR HERSELF, OR YOUR DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD. NOTE: ATTACHMENT OF AN ACCOUNT OR BROKERAGE STATEMENT IS NOT PERMITTED AND WILL NOT BE ACCEPTED FOR FILING.

☐ Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2018. → SKIP TO QUESTION 29

☒ Not Applicable. Other than the Financial Investments Identified in Question 27, a Trust of which my spouse and/or any dependent child(ren) residing in my household during 2018 was a beneficiary, did not own any Financial Investment as of December 31, 2018, which had a fair market value as of that date greater than \$1,000. → SKIP TO QUESTION 29

Name of Issuer:		
Description of Investment:	<input type="checkbox"/> ADR (American Depositary Receipt) <input type="checkbox"/> Annuity <input type="checkbox"/> Bond <input type="checkbox"/> Common Stock <input type="checkbox"/> Debenture <input type="checkbox"/> Limited Partnership Interest <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Option Contract <input type="checkbox"/> Preferred Stock	<input type="checkbox"/> Real Estate <input type="checkbox"/> U-Fund <input type="checkbox"/> U-Plan <input type="checkbox"/> Warrant <input type="checkbox"/> Other _____
	Principal Place of Business or State of Incorporation: Do <u>not</u> report the principal place of business or state of incorporation for a publicly traded stock. If publicly traded, enter "Not Applicable" instead of the principal place of business or state of incorporation.	
Issuer Address: (Street, City, State, Zip Code) Do <u>not</u> report the Issuer's address for a publicly traded stock. If publicly traded, enter "Not Applicable" instead of the address.		
Name of Trust: Do <u>not</u> disclose the name of a Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" instead of the name.		

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

Debts and Mortgages

Primary Residence is the place where you live more than 50% of the time.

29. Mortgage on Your Primary Residence

Identify all mortgages, including home equity and reverse mortgage loans, on your Primary Residence, on which more than \$1,000 was owed as of December 31, 2018, where the creditor (person who loaned you the money) is NOT, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.

DO NOT ANSWER THIS QUESTION IF YOU HAVE A MORTGAGE ON YOUR PRIMARY RESIDENCE AND THE CREDITOR (PERSON WHO LOANED YOU THE MONEY) IS, BY BLOOD OR MARRIAGE, YOUR PARENT, GRANDPARENT, GREAT GRANDPARENT, CHILD, GRANDCHILD, GREAT-GRANDCHILD, AUNT, UNCLE, SISTER, BROTHER, NIECE, NEPHEW, OR THE SPOUSE OF ANY SUCH RELATIVE.

ANSWER THIS QUESTION ONLY IF YOU OWN YOUR PRIMARY RESIDENCE.

☐ Not Applicable. I did not have a mortgage, including a home equity or reverse mortgage loan, on my Primary Residence on which more than \$1,000 was owed as of December 31, 2018, or the creditor is, by blood or marriage, my parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative. → SKIP TO QUESTION 30

Creditor Name: <i>Do <u>not</u> disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.</i> Communily Credit Union of Lynn		Creditor's Address: <i>(Street, City, State, Zip Code) Do <u>not</u> disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.</i> 1 Andrew Street, Lynn, MA 01901	
Term (length of time) of the mortgage: N/A Home Equity	Interest Rate (%): 4%	Termination Year: N/A	

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

30. Other Mortgages Which You are Obligated to Pay

Identify all mortgages, including home equity or reverse mortgage loan, OTHER than any mortgage on your Primary Residence, on which more than \$1,000 was owed as of December 31, 2018, which you are obligated to pay and where the creditor (person who loaned you the money) is NOT by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.

Do NOT include: 1) any mortgage on your Primary Residence.
2) any mortgage where the creditor (person who loaned you the money) is, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative.

INCLUDE IN YOUR RESPONSE: ALL MORTGAGES WHICH YOU ARE OBLIGATED TO PAY BECAUSE OF BUSINESS OWNERSHIP IDENTIFIED IN RESPONSE TO QUESTION 8, REAL ESTATE OWNERSHIP IDENTIFIED IN RESPONSE TO QUESTION 13, OR INTERESTS IN TRUSTS IDENTIFIED IN RESPONSE TO QUESTION 15.

☒ Not Applicable. I did not have a mortgage, including a home equity or reverse mortgage, on any property other than my Primary Residence, on which more than \$1,000 was owed as of December 31, 2018 or where the creditor is, by blood or marriage, my parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative. → SKIP TO QUESTION 31

Real Estate Address: (Street, City, State, Zip Code) Do <u>not</u> disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.			
Creditor Name: Do <u>not</u> disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.		Creditor Address: (Street, City, State, Zip Code) Do <u>not</u> disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.	
Original amount of mortgage:		Amount of mortgage outstanding as of December 31, 2018:	
<input type="checkbox"/> N/A	<input type="checkbox"/> \$10,001 to 20,000	<input type="checkbox"/> \$ 5,001 to 10,000	<input type="checkbox"/> \$10,001 to 20,000
<input type="checkbox"/> Less than \$1,001	<input type="checkbox"/> \$20,001 to 40,000	<input type="checkbox"/> \$1,001 to 5,000	<input type="checkbox"/> \$20,001 to 40,000
<input type="checkbox"/> \$1,001 to 5,000	<input type="checkbox"/> \$40,001 to 60,000	<input type="checkbox"/> \$ 5,001 to 10,000	<input type="checkbox"/> \$40,001 to 60,000
<input type="checkbox"/> \$ 5,001 to 10,000	<input type="checkbox"/> \$60,001 to 100,000	<input type="checkbox"/> N/A	<input type="checkbox"/> \$60,001 to 100,000
	<input type="checkbox"/> \$100,001 or more	<input type="checkbox"/> \$1,001 to 5,000	<input type="checkbox"/> \$100,001 or more
Term (length of time) of the mortgage:		Interest Rate (%):	Termination Year:
Was your spouse and/or any dependent child(ren) residing in your household during 2018 also obligated to pay the mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No			

(If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.)

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

31. Other Mortgages Which Your Spouse and/or any Dependent Child(ren) Residing in Your Household Are Obligated to Pay

Identify all mortgages, including home equity and reverse mortgage loans, OTHER than any mortgage on your Primary Residence or any mortgage identified in response to Question 30, on which more than \$1,000 was owed as of December 31, 2018, and which your spouse and/or any dependent child(ren) residing in your household during 2018 were obligated to pay and where the creditor (person who loaned the money to your spouse and/or dependent child(ren) residing in your household) is NOT by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.

INCLUDE IN YOUR RESPONSE: ALL MORTGAGES WHICH YOUR SPOUSE AND/OR ANY DEPENDENT CHILD(REN) RESIDING IN YOUR HOUSEHOLD WAS OBLIGATED TO PAY BECAUSE OF BUSINESS OWNERSHIP IDENTIFIED IN RESPONSE TO QUESTION 9, REAL ESTATE OWNERSHIP IDENTIFIED IN RESPONSE TO QUESTION 14, OR INTERESTS IN TRUSTS IDENTIFIED IN RESPONSE TO QUESTION 16.

☐ Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2018. → SKIP TO QUESTION 32

☒ Not Applicable. Other than the mortgages identified in response to Question 30, my spouse and/or any dependent child(ren) residing in my household during 2018 did not have a mortgage, including a home equity and reverse mortgage loan, on which more than \$1,000 was owed as of December 31, 2018, which my spouse or dependent child(ren) living in my household was obligated to pay, or where the creditor is by blood or marriage, my parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative. → SKIP TO QUESTION 32

Real Estate Address: (Street, City, State, Zip Code) Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.

Creditor Name: Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.

Creditor Address: (Street, City, State, Zip Code) Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.

Term (length of time) of the mortgage:

Interest Rate (%):

Termination Year:

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

32. Your Other Debts

Identify all non-mortgage debts of more than \$1,000 that you owed as of December 31, 2018, if the person to whom you owed the debt is NOT by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.

DO NOT INCLUDE: NON-MORTGAGE RETAIL INSTALLMENT LOANS SUCH AS CAR LOANS, OR LOANS TO PURCHASE HOUSEHOLD ITEMS; EDUCATIONAL LOANS; CREDIT CARD DEBT OTHER THAN CASH ADVANCES; MEDICAL OR DENTAL EXPENSE DEBT; ALIMONY OR SUPPORT PAYMENT OBLIGATIONS; DEBT INCURRED IN THE ORDINARY COURSE OF BUSINESS; OR DEBT OWED TO AN INDIVIDUAL WHO IS, BY BLOOD OR MARRIAGE, YOUR PARENT, GRANDPARENT, GREAT GRANDPARENT, CHILD, GRANDCHILD, GREAT-GRANDCHILD, AUNT, UNCLE, SISTER, BROTHER, NIECE, NEPHEW, OR THE SPOUSE OF ANY SUCH RELATIVE.

☒ Not Applicable. I did not have any non-mortgage debts of more than \$1,000 that I owed as of December 31, 2018, or any non-mortgage debts were owed to an individual who is, by blood or marriage, my parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative. → SKIP TO QUESTION 33

Creditor Name: Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.

Creditor Address: (Street, City, State, Zip Code) Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.

Original Amount Borrowed:

☐ N/A

☐ Less than \$1,001

☐ \$1,001 to 5,000

☐ \$ 5,001 to 10,000

☐ \$10,001 to 20,000

☐ \$20,001 to 40,000

☐ \$40,001 to 60,000

☐ \$60,001 to 100,000

☐ \$100,001 or more

Amount Owed:

☐ N/A

☐ \$1,001 to 5,000

☐ \$ 5,001 to 10,000

☐ \$10,001 to 20,000

☐ \$20,001 to 40,000

☐ \$40,001 to 60,000

☐ \$60,001 to 100,000

☐ \$100,001 or more

Interest Rate (%):

Date of Repayment Due:

Loan Collateral/Property to Guarantee Repayment: Select one.

☐ Real Estate →

☐ Other: (specify) _____

If Real Estate, Real Estate Address: Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

33. Other Debt of Your Spouse and/or any Dependent Child(ren) Residing in Your Household

Identify all non-mortgage debts of more than \$1,000 that your spouse and/or any dependent child(ren) residing in your household during 2018 owed as of December 31, 2018, IF the person to whom your spouse and/or any dependent child(ren) residing in your household during 2018 owed the debt is NOT, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.

DO NOT INCLUDE: NON-MORTGAGE RETAIL INSTALLMENT LOANS SUCH AS CAR LOANS, OR LOANS TO PURCHASE HOUSEHOLD ITEMS; EDUCATIONAL LOANS; CREDIT CARD DEBT OTHER THAN CASH ADVANCES; MEDICAL OR DENTAL EXPENSE DEBT; ALIMONY OR SUPPORT PAYMENT OBLIGATIONS; DEBT INCURRED IN THE ORDINARY COURSE OF BUSINESS; OR DEBT OWED TO A PERSON WHO IS, BY BLOOD OR MARRIAGE, YOUR PARENT, GRANDPARENT, GREAT GRANDPARENT, CHILD, GRANDCHILD, GREAT-GRANDCHILD, AUNT, UNCLE, SISTER, BROTHER, NIECE, NEPHEW, OR THE SPOUSE OF ANY SUCH RELATIVE.

☐ Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2018. → SKIP TO QUESTION 34

☒ Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2018 did not have any non-mortgage debts of more than \$1,000 that were owed as of December 31, 2018. → SKIP TO QUESTION 34

☐ Not Applicable. Any non-mortgage debts of more than \$1,000 that my spouse and/or dependent child(ren) owed as of December 31, 2018 were owed to a person who is, by blood or marriage, my parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative. → SKIP TO QUESTION 34

Creditor Name: Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.

Creditor Address: (Street, City, State, Zip Code) Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.

Interest Rate (%):

Date of Repayment Due:

Loan Collateral/ Property to Guarantee Repayment:
Select one.

☐ Real Estate →

If Real Estate, Real Estate Address: Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.

☐ Other: (specify) _____

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

34. Your Forgiven Debts

Identify non-mortgage debts of more than \$1,000 which you owed and which were forgiven at any time during 2018, EXCLUDING debts forgiven by a person who is, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.

- ☒ Not Applicable. I did not have any debts of more than \$1,000 which I owed and which were forgiven at any time during 2018. → SKIP TO QUESTION 35
- ☐ Not Applicable. Any non-mortgage debts of more than \$1,000 which I owed and which were forgiven during 2018, were forgiven by a person who is, by blood or marriage, my parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative. → SKIP TO QUESTION 35

Creditor Name: Do not disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.

Creditor Address: (Street, City, State, Zip Code) Do not disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.

Amount Forgiven:

- ☐ N/A
- ☐ \$1,001 to 5,000
- ☐ \$ 5,001 to 10,000
- ☐ \$10,001 to 20,000
- ☐ \$20,001 to 40,000
- ☐ \$40,001 to 60,000
- ☐ \$60,001 to 100,000
- ☐ \$100,001 or more

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

35. Forgiven Debts of Your Spouse and/or any Dependent Child(ren) Residing in Your Household

Identify non-mortgage debts of more than \$1,000 that were owed by your spouse and/or any dependent child(ren) residing in your household during 2018 and were forgiven at any time during 2018, EXCLUDING debts forgiven by a person who is, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative, and provide the required information for each.

☐ Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2018. → SKIP TO QUESTION 36

☒ Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2018 did not have any debts of more than \$1,000 which were owed and which were forgiven at any time during 2018. → SKIP TO QUESTION 36

☐ Not Applicable. Any non-mortgage debts of more than \$1,000 which my spouse and/or any dependent child(ren) owed and which were forgiven during 2018, were forgiven by a person who is, by blood or marriage, my parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece, nephew, or the spouse of any such relative. → SKIP TO QUESTION 36

Creditor Name: Do <u>not</u> disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.	Creditor Address: (Street, City, State, Zip Code) Do <u>not</u> disclose any residential address of yours or any of your family members. Where applicable, put "Residence" instead of the address.

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

Reimbursements, Gifts, and Honoraria Provided By Certain Individuals

A Reimbursement is payment for money expended or to be expended (e.g., travel, meals or lodging). A Reimbursement must be for actual expenses incurred or to be incurred.

A person has a direct interest in a matter before a governmental body if, at any time, during 2018: (1) the use or value of his property or the conduct of his business; or (2) the use or value of the property, or the conduct of his business, with which he is affiliated as an employee, officer, director, trustee, general partner, proprietor, or in a similar managerial capacity; could be or was affected by a matter before a governmental body, unless the effect is not substantially greater than the effect generally on persons residing in Massachusetts. Any business which is regulated by a government body has such an interest.

A person has a direct interest in legislation or legislative action if, at any time during 2018: (1) the use or value of his property or the conduct of his business; or (2) the value of the property, or the conduct of the business, with which he is affiliated as an employee, officer, director, trustee, general partner, proprietor, or in a similar managerial capacity; could be or was affected by that legislation or legislative action, unless the effect is not substantially greater than the effect generally on persons residing in Massachusetts. Any business which is regulated by a governmental body has such an interest.

Are you filing this SFI ONLY because you are a candidate? ☐ Yes ☒ No
If yes → SKIP TO QUESTION 40

36. Reimbursements Provided to You By Certain Individuals

a. Identify any Reimbursements for expenses in excess of \$100 provided to you at any time during 2018 by any legislative agent or executive agent (lobbyist).

☒ Not Applicable. I did not receive any Reimbursements for expenses in excess of \$100 from a legislative agent or executive agent (lobbyist) at any time during 2018. → SKIP TO QUESTION 36.b

Name of Legislative Agent or Executive Agent:	Amount of Reimbursement:
Address of Legislative Agent or Executive Agent:	

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

b. Check the column which applies to you and follow the instructions for that column.

☐ I am filing this SFI because I had or now have an ELECTED position or had or now have BOTH an elected and appointed position:



Identify any Reimbursements for expenses in excess of \$100, other than those identified in response to Question 36.a, which you received at any time during 2018 from any person having a direct interest in legislation, legislative action, or a matter before a governmental body.

☒ Not Applicable. Other than any Reimbursements identified in response to Question 36.a, I did not receive any Reimbursements for expenses in excess of \$100 at any time during 2018 from any person having a direct interest in legislation, legislative action, or a matter before a governmental body. → SKIP TO QUESTION 37

☐ I am filing this SFI because I had or now have an APPOINTED position:



Identify any Reimbursements for expenses in excess of \$100, other than those identified in response to Question 36.a, which you received at any time during 2018 from any person having a direct interest in a matter before the governmental body by which you were or are now employed.

☐ Not Applicable. Other than any Reimbursements identified in response to Question 36.a, I did not receive any Reimbursements for expenses in excess of \$100 at any time during 2018 from any person having a direct interest in a matter before the governmental body by which I was or am now employed. → SKIP TO QUESTION 37

Name of Source of Reimbursement:

Amount of Reimbursement:

Address of Source of Reimbursement:

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

**37. Reimbursements Provided to Your Spouse and/or any Dependent Child(ren) Residing in Your Household
By Certain individuals**

a. Identify any Reimbursements for expenses in excess of \$100 provided to your spouse and/or any dependent child(ren) residing in your household during 2018 at any time during 2018 by any legislative agent or executive agent (lobbyist).

☐ Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2018. → SKIP TO QUESTION 38

☒ Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2018 did not receive any Reimbursements for expenses at any time during 2018 from any legislative agent or executive agent (lobbyist). → SKIP TO QUESTION 37.b

Name of Legislative Agent or Executive Agent:	Address of Legislative Agent or Executive Agent:

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

b. Check the column which applies to you and follow the instructions for that column.

☒ I am filing this SFI because I had or now have an ELECTED position or had or now have BOTH an elected and appointed position:



Identify any Reimbursements for expenses in excess of \$100, other than those identified in response to Q37.a, provided to your spouse and/or dependent child(ren) residing in your household during 2018 at any time during 2018 by any person having a direct interest in legislation, legislative action, or any manner before a governmental body.

☒ Not Applicable. Other than any Reimbursements identified in response to Question 37.a, my spouse and/or any dependent child(ren) residing in my household during 2018 did not receive any other Reimbursement for expenses in excess of \$100 at any time during 2018 from any person having a direct interest in legislation, legislative action, or a matter before a governmental body. → SKIP TO QUESTION 38

☐ I am filing this SFI because I had or now have an APPOINTED position:



Identify any Reimbursements for expenses in excess of \$100, other than those identified in response to Q37.a, provided to your spouse and/or dependent child(ren) residing in your household during 2018 at any time during 2018 by any person having a direct interest in a matter before the governmental body by which you were or are now employed.

☐ Not Applicable. Other than any Reimbursements identified in response to Question 37.a, my spouse and/or any dependent child(ren) residing in my household during 2018 did not receive any other Reimbursement for expenses in excess of \$100 at any time during 2018 from any person having a direct interest in a matter before the governmental body by which I was or am now employed. → SKIP TO QUESTION 38

Name of Source of Reimbursement:	Address of Source of Reimbursement:

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

38. Gifts and Honoraria Provided to You By Certain Individuals

Gift means a payment, entertainment, subscription, advance, service, or anything of value, unless consideration of equal or greater value is given in return. GIFT shall not include: A political contribution reported as required by law; a commercially reasonable loan made in the ordinary course of business; anything of value received by inheritance; or a GIFT received from a person who is, by blood or marriage, your parent, grandparent, great grandparent, child, grandchild, great-grandchild, aunt, uncle, sister, brother, niece or nephew, or the spouse of any such relative.

Honorarium means payment of money or anything of value as consideration for an appearance, speech, the writing of an article, or other similar activity.

Check the column which applies to you and follow the instructions for that column.

☒ I am filing this SFI because I had or now have an ELECTED position or had or now have BOTH an elected and appointed position:



Identify any Gifts and/or Honoraria worth more than \$100 provided to you at any time during 2018 by any person having a direct interest in legislation, legislative action, or a matter before a governmental body.

☒ Not Applicable. I did not receive any Gifts and/or Honoraria worth more than \$100 at any time during 2018 from any person having a direct interest in legislation, legislative action, or a matter before a governmental body. → SKIP TO QUESTION 39

☐ I am filing this SFI because I had or now have an APPOINTED position:



Identify any Gifts and/or Honoraria worth more than \$100 provided to you at any time during 2018 by any person having a direct interest in a matter before a governmental body by which you were or are now employed.

☐ Not Applicable. I did not receive any Gifts and/or Honoraria worth more than \$100 at any time during 2018 from any person having a direct interest in a matter before the governmental body by which I was or am now employed. → SKIP TO QUESTION 39

Name of Donor:	Person or entity for whom Donor was acting, if any:
Donor's Address: (Street, City, State, Zip Code)	Fair market value of Gift or Honorarium:

(If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.)

39. Gifts and Honoraria Provided to Your Spouse and/or any Dependent Child(ren) Residing in Your Household By Certain Individuals

☐ Not Applicable. I did not have a spouse or any dependent child(ren) residing in my household at any time during 2018. → SKIP TO QUESTION 40

Check the column which applies to you and follow the instructions for that column.

<p><input checked="" type="checkbox"/> I am filing this SFI because I had or now have an ELECTED position or had or now have BOTH an elected and appointed position:</p> <p style="text-align: center;">↓</p> <p>Identify any Gifts and/or Honoraria worth more than \$100 provided to your spouse and/or any dependent child(ren) residing in your household during 2018 at any time during 2018 from any person having a direct interest in legislation, legislative action, or a matter before a governmental body.</p> <p><input checked="" type="checkbox"/> Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2018 did not receive any Gifts and/or Honoraria worth more than \$100 at any time during 2018 from any person having a direct interest in legislation, legislative action, or a matter before a governmental body. → SKIP TO QUESTION 40</p>	<p><input type="checkbox"/> I am filing this SFI because I had or now have an APPOINTED position:</p> <p style="text-align: center;">↓</p> <p>Identify any Gifts and/or Honoraria worth more than \$100 provided to your spouse and/or any dependent child(ren) residing in your household during 2018 at any time during 2018 from any person having a direct interest in a matter before the governmental body by which you were or are now employed.</p> <p><input type="checkbox"/> Not Applicable. My spouse and/or any dependent child(ren) residing in my household during 2018 did not receive any Gifts and/or Honoraria worth more than \$100 at any time during 2018 from any person having a direct interest in a matter before the governmental body by which I was or am now employed. → SKIP TO QUESTION 40</p>
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Name of Donor:	Person or entity for whom Donor was acting, if any:
Donor's Address: (Street, City, State, Zip Code)	

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL **NOT** BE REDACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

Blind Trust

A Blind Trust is a Trust in which the fiduciaries, namely the trustees or those who have been given power of attorney, have full discretion over the assets, and the Trust beneficiaries have no knowledge of the holdings of the Trust and no right to intervene in their handling.

40. Did you, or your spouse and/or any dependent child(ren) residing in your household during 2018, own anything that you have not reported on this Statement of Financial Interests because it was held in a Blind Trust during 2018? ☐ Yes ☒ No

If yes, please provide the following information:

<u>Name of Trust:</u> <i>Do <u>not</u> disclose the name of a Blind Trust that includes the name or residential address of a living member of your family. Where applicable, put "Family Name/Address Trust" instead of the name.</i>	<u>Name of Trustee:</u> <i>Do <u>not</u> disclose the name of a member of your family. Where applicable, put "Family Member" instead of the name.</i>

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IF YOU FAIL TO USE "FAMILY MEMBER," "FAMILY NAME/ADDRESS TRUST," OR "RESIDENCE" WHEN APPLICABLE, AND INSTEAD, DISCLOSE A NAME AND/OR ADDRESS, THAT NAME AND/OR ADDRESS WILL NOT BE REACTED BY THE STATE ETHICS COMMISSION AND WILL BE AVAILABLE FOR REVIEW BY ANY PERSON MAKING A WRITTEN REQUEST TO INSPECT YOUR SFI.

Certification

I, Charles D. Baker, certify under the pains and penalties of perjury that:
(Name)

I made a diligent effort to obtain the required information concerning myself and my spouse and/or any dependent child(ren) residing in my household, if any; and the information provided on this form and any attachments is true and complete, to the best of my knowledge.

Submitted: May 23, 2019
(Date)

Did your spouse and/or any dependent child(ren) residing in your household decline to disclose information which is necessary to complete this form fully and accurately? ☐ Yes ☒ No ☐ Not Applicable

Did you decline to answer in whole or in part any specific question(s) on this form because you assert that the information is privileged by law? ☐ Yes ☒ No

If Yes, identify the question number and question you declined to answer AND the basis of your claim of privilege.

Question Number & Question Declined to Answer	Basis of My Claim of Privilege

[If extra space is needed to complete this response, attach additional pages, with your name at the top of each page and clearly note the question to which the information relates.]

IMPORTANT:

1. No DESIGNATED PUBLIC EMPLOYEE shall be allowed to continue in their duties or to receive compensation from public funds unless they have filed a Statement of Financial Interests with the State Ethics Commission.
2. The State Ethics Commission does NOT accept a faxed or emailed copy of a Statement of Financial Interests for filing. You must file an original.
3. Manually filed Statements of Financial Interests must be submitted by mail or in person to the State Ethics Commission at: One Ashburton Place, Room 619, Boston, MA 02108. A Statement of Financial Interests mailed to the Commission will be deemed filed on the date that it is received.
4. If you were required to amend your Statement of Financial Interests last year, we encourage you to carefully review your 2018 filing before submitting.

ATTACHMENT A

Question 8: Businesses You Owned, In Whole or In Part – Governor Charles D. Baker

Identify each Business of which you were, in whole or in part, an owner, partner, or proprietor, or in which you owned more than 1% of any class of the outstanding stock or similar ownership interest, at any time during 2018, and provide the required information of each.

Name	Address	Position Held	Filer/Immediate Member of Family	Percentage of Stock or other ownership interest	Gross Income
CBDI Partners, LLC	2711 Centerville Road, Suite 400, Wilmington, DE 19808	Owner	Filer	100%	N/A
CBDII Partners, LLC	255 State Street, 7 th Floor, Boston, MA 02109	Owner	Filer	100%	N/A

ATTACHMENT B

Question No. 25: Financial Investments – Governor Charles D. Baker and Lauren S. Baker

Identify every Financial Investment that you owned directly or through a Business as of December 31, 2018, and which had a fair market value as of that date greater than \$1,000, and provide the required information for each.

Name of Issuer	Description of Investment	Principal Place of Business or State of Incorporation	Issuer Address	Owner
Arsenal Beauty LLC	REIT	Watertown, MA	311 Arsenal Street Watertown, MA	Filer
DC Industrial Liquidating Trust	REIT	Not Applicable	Not Applicable	Filer & Spouse
Coca-Cola Company	Stock	Not Applicable	Not Applicable	Filer & Spouse
Interpublic Group Company Inc.	Stock	Not Applicable	Not Applicable	Filer & Spouse
Oceans Holdings LLC	Stock	Chicago, IL	1446 West Fullerton Street Chicago, IL	Filer
OGS Investment, LLC	Membership	Cambridge, MA	Cambridge, MA	Filer
WP Carey Inc.	Stock	Not Applicable	Not Applicable	Filer & Spouse
Fidelity Puritan Fund	Mutual Fund	Boston, MA	Boston, MA	Spouse
Fidelity Advisory Energy CL	Mutual Fund	Boston, MA	Boston, MA	Filer & Spouse
Fidelity Value Fund	Mutual Fund	Boston, MA	Boston, MA	Spouse
Loomis Sayles Strategic Income Fund	Mutual Fund	Boston, MA	Boston, MA	Filer & Spouse
Oppenheimer	Mutual Fund	New York, NY	New York,	Filer &

Name of Issuer	Description of Investment	Principal Place of Business or State of Incorporation	Issuer Address	Owner
Rochester High Yield Municipal Fund			NY	Spouse
Oppenheimer Rochester Short Term Municipal Fund	Mutual Fund	New York, NY	New York, NY	Filer & Spouse
Templeton Global Total Return Fund	Mutual Fund	San Mateo, CA	San Mateo, CA	Filer & Spouse
Templeton Global Income Fund	Closed-end fund	San Mateo, CA	San Mateo, CA	Filer & Spouse
Western Asset Intermediate Municipal Fund	Closed-end fund	Baltimore, MS	Baltimore, MD	Filer & Spouse